

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13							63								
14							64								
15							65								
16							66								
17							67								
18	/						68								
19		/					69								
20		/					70								
21	/	/					71								
22	/	/					72								
23	/	/					73								
24	/	/					74								
25	/	/					75								
26	/	/					76								
27	/	/					77								
28	/	/					78								
29	/	/					79								
30	/	/					80								
31	/	/					81								
32	/	/					82								
33	/	/					83								
34	/	/					84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	8						TOTAL IND.								
TOTAL DEP.	9						TOTAL DEP.								
TOTAL CLAIMS	17						TOTAL CLAIMS								